Towards a single national specialist retrieval service for Scotland - ScotSTAR
Scotland

- Population 5.2 million
- 18% in rural areas (~7% in remote and rural areas)
- Area 79,000 km²
- Varied geography
- Centralised critical care services
Background

Transport of the most vulnerable patients in Scotland.

- Scottish Paediatric Intensive Care Transport Service – 2001
- Scottish Neonatal Transport Service – 2003
- Emergency Medical Retrieval Service – pilot from 2004, from October 2010 covers all remote and rural areas

(Total cost ~ £10 million)
NHS Scotland Chief Executives requested that a review of specialist transport services take place to consider the opportunities to deliver a more integrated specialist transport service for NHS Scotland.
Why change?

- manage services cohesively on a national basis
- integrate transport and clinical resources and infrastructure
- tackle key workforce pressures
- respond to and manage future demands on a national basis
- develop a partnership approach across NHS Scotland
- further develop joint working between clinical services
- improve facilities and supporting resources
- respond to national policy
Vision - ScotSTAR

Joint national commissioner

Central infrastructure hub
- Shared administration & management
- Communications - single referral point
- Telemedicine + decision support
- 24/7 clinical provision
- Integrated helicopter + road operations

Neonatal and Paediatric Service Nodes

EMRS
Paeds
Neonates

The Scottish Government
Benefits

• an integrated specialist transport service for Scotland
• a single commissioned service with clearer funding flows
• clear strategic leadership of the national service
• combined logistical and support functions
• clinical coordination of the national service
• effective and efficient use of high value assets
• maximised workforce flexibility
• the basis of a sustainable, integrated, safe and effective service

The Scottish Government
Making it happen

• Governance and leadership
• Communication and identity
• Workforce
• Operations and accommodation
• Coordination
• Training
• Clinical governance
Governance and leadership

- Strong leadership
- Clear governance and accountability
  (interim arrangement for implementation)
- Transparent accounting processes
- Clear framework to provide assurance to CEs and Ministers
Communications and identity

• Discrete and distinctive national service
• Component services remain

ScotSTAR

NHS Scotland

The Scottish Government
Retrieval workforce

The workforce should be \textit{flexible} with capacity to manage demands, while offering a \textit{cost effective} service.

- Skills, knowledge and attitude
- Safety
  - Team
  - Patient
- Flexibility
  - Across tasks
  - Across platforms
- Efficiency and effectiveness
Operations

• ~2200 retrievals per year
  – ~1570 neonatal (93% land, 6% fixed, 2% rotary)
  – ~320 paediatric (75% land, 20% fixed, 5% rotary)
  – ~330 adult remote and rural (60% rotary, 35% fixed)

• Central operational base – spec fed in to air reprocurement exercise (service delivery nodes exist elsewhere)

• Improve:
  – Rapid response capacity
  – Team development
  – Empty leg costs
  – Service identity
Clinical coordination

- Single Point of Contact
- Central coordination
- Dispatch most appropriate team by the most appropriate method of transport
- Opportunity for co-location with SAS
- Facilitation of advice
Retrieval coordination

Operations Hub
- Co-located with transport infrastructure
- Operational partnerships between adult, paediatric and neonatal clinical teams, and SAS
- Activated by single phone number
- Staffed by:
  - Dedicated Medical Retrieval Clinical Coordinators
  - Retrieval Nurse / Paramedic Coordinators
  - Dedicated SAS personnel
- Functions:
  - Clinical advice, retrieval and logistic coordination
  - Central medical supervision of national patient transport
- Utilising:
  - Multi-party voice conferencing
  - Real-time asset / mission tracking
  - Telemedicine
- Early pre-retrieval assistance, advice and/or planning via teleconference / telemedicine

Referral
- 999 calls
- DGH
- Rural practitioners
- Other

Tasking
- Appropriate Retrieval Transport Platform Utilisation
- Mission progress, information requests and clinical support

Adult Retrieval Teams
Paediatric Retrieval Teams
Neonatal Retrieval Teams
Clinical governance

- Continuous improvement in service safety, performance and ultimately patient care.
- Quantitative measures such as response and retrieval times will be needed to monitor service performance and allow for national and international benchmarking.
- Clearly defined incident reporting processes must also exist.
- Clinical performance of all retrieval staff should be closely monitored.
The challenge

• To provide an integrated single service

• To work in partnership with key stakeholders across Scotland

• To effect positive change without disruption to service delivery

• To build on current foundations